

# **EXHIBIT 1**



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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY.DOCKET.NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/038,261	03/10/1998	1642	952	30435.54USU1	16	45	5

MANDEL AND ADRIANO  
35 NO ARROYO PARKWAY  
SUITE 60  
PASADENA, CA 91103

**CORRECTED FILING RECEIPT**



\*OC000000005385140\*

Date Mailed: 09/08/2000

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

**Applicant(s)**

ROBERT E. REITER, LOS ANGELES, CA ;  
OWEN N. WITTE, SHERMAN OAKS, CA ;

**Continuing Data as Claimed by Applicant**

THIS APPLN CLAIMS BENEFIT OF 60/071,141 01/12/1998  
WHICH CLAIMS BENEFIT OF 60/074,675 02/13/1998

AMENDED

**Foreign Applications**

If Required, Foreign Filing License Granted 04/01/1998

**\*\* SMALL ENTITY \*\***

**Title**

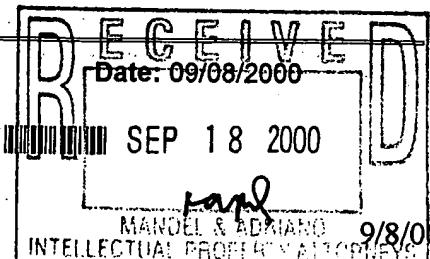
PSCA: PROSTATE STEM CELL ANTIGEN

**Preliminary Class**

536

Data entry by : DUCKETT, GOIGA

Team : OIPE





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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APR 24 2001

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APR 13 2001  
TECH CENTER 1600/2900

Applicant: Robert Reiter and Owen Witte  
Serial No.: 09/038,261  
Filed: March 10, 1998  
Docket: 30435.54USU1  
Title: PSCA: PROSTATE STEM CELL ANTIGEN

TECH CENTER 1600/2900

CERTIFICATE UNDER 37 CFR 1.8

I hereby certify that this paper or fee is being deposited with the United States Postal as first class mail in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231 on January 16, 2001.

By: Richelle Anh P. Domingo

Name: Richelle Anh P. Domingo

35 N. Arroyo Parkway, Suite 60

Pasadena, California 91103

January 16, 2001

Assistant Commissioner for Patents  
Washington, D.C. 20231

Sir:

We are transmitting herewith the attached:

- Transmittal sheet, in duplicate, containing Certificate under 37 CFR 1.8.
- Request for Corrected Filing Receipt
- Exhibit 1
- Return postcard

Please charge any additional fees or credit overpayment to Deposit Account No. 50-0306. A duplicate of this sheet is enclosed.

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CONFIRMATION NO. 8086

Bib Data Sheet

SERIAL NUMBER 09/038,261	FILING DATE 03/10/1998 RULE	CLASS 536	GROUP ART UNIT 1642	ATTORNEY DOCKET NO. 30435.54USU1
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**APPLICANTS**

ROBERT E. REITER, LOS ANGELES, CA;  
 OWEN N. WITTE, SHERMAN OAKS, CA;

**\*\* CONTINUING DATA \*\*\*\*\***

THIS APPLN CLAIMS BENEFIT OF 60/228,816 03/10/1997 ABN  
 AND CLAIMS BENEFIT OF 60/071,141 01/12/1998  
 AND CLAIMS BENEFIT OF 60/074,675 02/13/1998

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE  
GRANTED \*\* 04/01/1998**

**\*\* SMALL ENTITY \*\***

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 16	TOTAL CLAIMS 45	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

**ADDRESS**

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 PASADENA, CA 91103

**TITLE**

PSCA: PROSTATE STEM CELL ANTIGEN

FILING FEE RECEIVED 952	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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